

PREPARED 8/23/2010 10:11

FORM APPROVED  
OMB NO. 0938-0050

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I DATE RECEIVED:
CARE COMPLEX	I	14-4999	I FROM 5/ 1/2009	I --AUDITED --DESK REVIEW	I / /
COST REPORT CERTIFICATION	I		I TO 4/30/2010	I --INITIAL --REOPENED	I INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I	I --FINAL 1-MCR CODE	I
				I 00 - # OF REOPENINGS	I

ELECTRONICALLY FILED COST REPORT

DATE: 8/23/2010 TIME 10:11

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
LINCOLN PRAIRIE BEHAVIORAL HC 14-4999

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)\_\_\_\_\_  
TITLE\_\_\_\_\_  
DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		A 2	TITLE XVIII	B 3		TITLE XIX	
1	HOSPITAL	0		0		0	4	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5230 S. 6TH ST. P.O. BOX:  
1.01 CITY: SPRINGFIELD STATE: IL ZIP CODE: 62703- COUNTY: SANGAMON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	LINCOLN PRAIRIE BEHAVIORAL HC	14-4999	2.01	5/15/2008	V XVIII XIX 4 5 6 N N P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2009 TO: 4/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N / /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1 2 3 4 ----- 0 0.0000 0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00 0
<p>A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)</p>		
28.03	STAFFING	0.00%
28.04	RECRUITMENT	0.00%
28.05	RETENTION	0.00%
28.06	TRAINING	0.00%
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBILE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
<p>MISCELLANEOUS COST REPORT INFORMATION</p>		
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL  
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)  
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)  
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)  
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES  
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?  
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).  
40.01 NAME: FI/CONTRACTOR NAME  
40.02 STREET: P.O. BOX:  
40.03 CITY: STATE: ZIP CODE: -  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCMPQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)  
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV  
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.  
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
PREMIUMS: 0  
PAID LOSSES: 0  
AND/OR SELF INSURANCE: 0  
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.  
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.  
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.  
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.  
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). N / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	80	29,200					11,424
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	80	29,200					11,424
12 TOTAL	80	29,200					11,424
13 RPCH VISITS							
14 SUBPROVIDER							
17 OTHER LONG TERM CARE							
25 TOTAL	80						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION ADMITTED 6.01	O/P VISITS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			14,902				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			14,902				
12 TOTAL			14,902				
13 RPCH VISITS							
14 SUBPROVIDER							
17 OTHER LONG TERM CARE							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS						921	1,242
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		112.62				921	1,242
13 RPCH VISITS							
14 SUBPROVIDER							
17 OTHER LONG TERM CARE							
25 TOTAL		112.62					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-4999  
II PERIOD:  
I FROM 5/ 1/2009  
I TO 4/30/2010  
II PREPARED 8/23/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		860,502	860,502	3,713	864,215
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		97,376	97,376	19,003	116,379
5	0500 EMPLOYEE BENEFITS	87,961	517,633	605,594		605,594
6	0600 ADMINISTRATIVE & GENERAL	1,906,226	3,799,919	5,706,145	-249,887	5,456,258
8	0800 OPERATION OF PLANT	125,431	445,493	570,924	-43	570,881
9	0900 LAUNDRY & LINEN SERVICE		42,451	42,451	43	42,494
10	1000 HOUSEKEEPING		254,887	254,887		254,887
11	1100 DIETARY	164,577	306,423	471,000	-450	470,550
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	320,728	46,368	367,096	-9,740	357,356
17	1700 MEDICAL RECORDS & LIBRARY	62,520	17,859	80,379	23,792	104,171
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,616,184	278,825	2,895,009	422,538	3,317,547
31	3100 SUBPROVIDER					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC					
44	4400 LABORATORY		68,746	68,746	-1,049	67,697
51	5100 OCCUPATIONAL THERAPY					
51.01	5101 OCCUPATIONAL THERAPY	70,934	22,382	93,316	-93,316	
51.02	5102 SOCIAL WORK SERVICES	259,430	38,612	298,042	-298,042	
53	5300 ELECTROCARDIOLOGY		30,552	30,552	-30,527	25
56	5600 DRUGS CHARGED TO PATIENTS	139,305	211,284	350,589		350,589
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	141,035	17,350	158,385	2,968	161,353
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	5,894,331	7,056,662	12,950,993	-210,997	12,739,996
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS				210,997	210,997
100	7951 COMMUNITY RELATIONS					114,532
100.01	7950 EDUCATION ACUTE	99,534	14,998	114,532		
101	TOTAL	5,993,865	7,071,660	13,065,525	-0-	13,065,525

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-4999  
II PERIOD:  
I FROM 5/ 1/2009  
I TO 4/30/2010  
II PREPARED 8/23/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		864,215
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		116,379
5	0500 EMPLOYEE BENEFITS	-46,263	559,331
6	0600 ADMINISTRATIVE & GENERAL	-1,336,312	4,119,946
8	0800 OPERATION OF PLANT		570,881
9	0900 LAUNDRY & LINEN SERVICE		42,494
10	1000 HOUSEKEEPING		254,887
11	1100 DIETARY	-27,909	442,641
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-757	356,599
17	1700 MEDICAL RECORDS & LIBRARY	-3,733	100,438
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-112	3,317,435
31	3100 SUBPROVIDER		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		
44	4400 LABORATORY		67,697
51	5100 OCCUPATIONAL THERAPY		
51.01	5101 OCCUPATIONAL THERAPY		
51.02	5102 SOCIAL WORK SERVICES		
53	5300 ELECTROCARDIOLOGY	-25	
56	5600 DRUGS CHARGED TO PATIENTS		350,589
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-2,280	159,073
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-1,417,391	11,322,605
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7951 COMMUNITY RELATIONS		210,997
100.01	7950 EDUCATION ACUTE		114,532
101	TOTAL	-1,417,391	11,648,134



LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
31	SUBPROVIDER	3100	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
51	OCCUPATIONAL THERAPY	5100	
51.01	OCCUPATIONAL THERAPY	5101	OCCUPATIONAL THERAPY
51.02	SOCIAL WORK SERVICES	5102	OCCUPATIONAL THERAPY
53	ELECTROCARDIOLOGY	5300	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	COMMUNITY RELATIONS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	EDUCATION ACUTE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

## RECLASSIFICATIONS

PROVIDER NO:

144999

PERIOD:

FROM 5/ 1/2009

TO 4/30/2010

PREPARED 8/23/2010

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
1 RENT LEASE	A	NEW CAP REL COSTS-BLDG & FIXT	3			3,713
2		NEW CAP REL COSTS-MVBLE EQUIP	4			19,003
3 COMMUNITY RELATIONS	B	COMMUNITY RELATIONS	100		162,642	48,355
4 RECREATION THERAPY	C	ADULTS & PEDIATRICS	25		70,386	22,209
5		CLINIC	60		548	173
6 THERAPY RECLASS	D	ADULTS & PEDIATRICS	25		257,426	31,201
7		CLINIC	60		2,004	243
8 WTB CODING	E	LAUNDRY & LINEN SERVICE	9			43
9		MEDICAL RECORDS & LIBRARY	17			23,792
10						
11		ADULTS & PEDIATRICS	25			9,740
12 EKG	F	ADULTS & PEDIATRICS	25			31,576
13						
36 TOTAL RECLASSIFICATIONS					493,006	190,048

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:

144999

PERIOD:

FROM 5/ 1/2009

TO 4/30/2010

PREPARED 8/23/2010

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 RENT LEASE	A	ADMINISTRATIVE & GENERAL	6			22,266	10
2		DIETARY	11			450	10
3 COMMUNITY RELATIONS	B	ADMINISTRATIVE & GENERAL	6		162,642	48,355	
4 RECREATION THERAPY	C	OCCUPATIONAL THERAPY	51.01		70,934	22,382	
5							
6 THERAPY RECLASS	D	SOCIAL WORK SERVICES	51.02		259,430	31,444	
7							
8 WTB CODING	E	OPERATION OF PLANT	8			43	
9		NURSING ADMINISTRATION	14			9,740	
10		ADMINISTRATIVE & GENERAL	6			16,624	
11		SOCIAL WORK SERVICES	51.02			7,168	
12 EKG	F	ELECTROCARDIOLOGY	53			30,527	
13		LABORATORY	44			1,049	
36 TOTAL RECLASSIFICATIONS					493,006	190,048	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:  
144999

PERIOD:

FROM 5/ 1/2009

TO 4/30/2010

PREPARED 8/23/2010

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RENT LEASE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,713
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	19,003
TOTAL RECLASSIFICATIONS FOR CODE A			22,716

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	22,266	
DIETARY	11	450	
		22,716	

RECLASS CODE: B

EXPLANATION : COMMUNITY RELATIONS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNITY RELATIONS	100	210,997
TOTAL RECLASSIFICATIONS FOR CODE B			210,997

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	210,997	
		210,997	

RECLASS CODE: C

EXPLANATION : RECREATION THERAPY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	92,595
2.00	CLINIC	60	721
TOTAL RECLASSIFICATIONS FOR CODE C			93,316

DECREASE			
COST CENTER	LINE	AMOUNT	
OCCUPATIONAL THERAPY	51.01	93,316	
		0	
		93,316	

RECLASS CODE: D

EXPLANATION : THERAPY RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	288,627
2.00	CLINIC	60	2,247
TOTAL RECLASSIFICATIONS FOR CODE D			290,874

DECREASE			
COST CENTER	LINE	AMOUNT	
SOCIAL WORK SERVICES	51.02	290,874	
		0	
		290,874	

RECLASS CODE: E

EXPLANATION : WTB CODING

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	43
2.00	MEDICAL RECORDS & LIBRARY	17	23,792
3.00			0
4.00	ADULTS & PEDIATRICS	25	9,740
TOTAL RECLASSIFICATIONS FOR CODE E			33,575

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	43	
NURSING ADMINISTRATION	14	9,740	
ADMINISTRATIVE & GENERAL	6	16,624	
SOCIAL WORK SERVICES	51.02	7,168	
		33,575	

RECLASS CODE: F

EXPLANATION : EKG

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	31,576
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			31,576

DECREASE			
COST CENTER	LINE	AMOUNT	
ELECTROCARDIOLOGY	53	30,527	
LABORATORY	44	1,049	
		31,576	

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-4999

I

I PERIOD:

I FROM 5/ 1/2009

I TO 4/30/2010

I PREPARED 8/23/2010

I WORKSHEET A-8

I

DESCRIPTION (1)		(2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	WKST. A-7 REF. 5
		BASIS/CODE 1	2	COST CENTER 3	4	5
1	INVT INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVT INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-979,053			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-129,615			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA---EMPLOYEES AND GUESTS	B	-24,615	DIETARY	11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,733	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-3,294	DIETARY	11	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	OTHER REVENUE	B	-14,996	ADMINISTRATIVE & GENERAL	6	
38	WORKERS COMP	A	-9,670	EMPLOYEE BENEFITS	5	
39	MEDICAL INSURANCE	A	-5,212	EMPLOYEE BENEFITS	5	
40	LIABILITLY INSURANCE	A	-19,693	ADMINISTRATIVE & GENERAL	6	
41	MARKETING	A	-22,441	ADMINISTRATIVE & GENERAL	6	
42	MISCELLANEOUS	A	-7,122	EMPLOYEE BENEFITS	5	
43	MISCELLANEOUS	A	-71,600	ADMINISTRATIVE & GENERAL	6	
44	MISCELLANEOUS	A	-757	NURSING ADMINISTRATION	14	
45	MISCELLANEOUS	A	-112	ADULTS & PEDIATRICS	25	
46	MISCELLANEOUS	A	-25	ELECTROCARDIOLOGY	53	
47	PHYSICIAN EXPENSES	A	-101,194	ADMINISTRATIVE & GENERAL	6	
48	PHYSICIAN INDIRECT BENEFITS	A	-24,259	EMPLOYEE BENEFITS	5	
49	OTHER ADJUSTMENTS (SPECIFY)					
50	TOTAL (SUM OF LINES 1 THRU 49)		-1,417,391			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE COST	368,511	498,126	-129,615
2						
3						
4						
5		TOTALS		368,511	498,126	-129,615

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	PSYCHIATRIC SOLUTIONS, IN	100.00	PSYCHIATRIC SOLUTIONS, IN	100.00	HOSPITAL
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

	WKSHT A LINE NO.		COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1		2	3	4	5	6	7	8	9
1	6	AGGREGATE		976,773	976,773					
2	60	AGGREGATE		2,280	2,280					
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
101		TOTAL		979,053	979,053					

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	6	AGGREGATE							976,773
2	60	AGGREGATE							2,280
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							979,053



## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010  
I 14-4999 I FROM 5/ 1/2009 I NOT A CMS WORKSHEET  
I I TO 4/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	NOT ENTERED

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
		0	3	4	5	5a.00	6	8
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	864,215	864,215					
005	NEW CAP REL COSTS-MVBLE E	116,379		116,379				
006	EMPLOYEE BENEFITS	559,331	3,485	469	563,285			
008	ADMINISTRATIVE & GENERAL	4,119,946	82,865	11,159	166,298	4,380,268	4,380,268	
009	OPERATION OF PLANT	570,881	190,920	25,710	11,963	799,474	481,835	1,281,309
010	LAUNDRY & LINEN SERVICE	42,494				42,494	25,611	
011	HOUSEKEEPING	254,887	5,565	749		261,201	157,423	12,149
012	DIETARY	442,641	31,037	4,180	15,697	493,555	297,461	67,754
014	CAFETERIA							
017	NURSING ADMINISTRATION	356,599	4,434	597	30,590	392,220	236,387	9,679
025	MEDICAL RECORDS & LIBRARY	100,438	6,377	859	5,963	113,637	68,488	13,921
031	INPAT ROUTINE SRVC CNTRS							
036	ADULTS & PEDIATRICS	3,317,435	511,059	68,821	280,788	4,178,103	2,518,098	1,115,648
041	SUBPROVIDER							
044	OTHER LONG TERM CARE							
051	ANCILLARY SRVC COST CNTRS							
051	RADIOLOGY-DIAGNOSTIC							
051	LABORATORY	67,697				67,697	40,800	
053	OCCUPATIONAL THERAPY							
056	01 OCCUPATIONAL THERAPY							
056	02 SOCIAL WORK SERVICES							
060	ELECTROCARDIOLOGY							
095	DRUGS CHARGED TO PATIENTS	350,589	3,695	498	13,286	368,068	221,831	8,066
096	OUTPAT SERVICE COST CNTRS							
097	CLINIC	159,073	19,514	2,628	13,695	194,910	117,470	42,600
099	SPEC PURPOSE COST CENTERS							
100	SUBTOTALS	11,322,605	858,951	115,670	538,280	11,291,627	4,165,404	1,269,817
101	NONREIMBURS COST CENTERS							
102	GIFT, FLOWER, COFFEE SHOP							
103	RESEARCH							
104	PHYSICIANS' PRIVATE OFFIC							
105	NONPAID WORKERS							
106	COMMUNITY RELATIONS	210,997	2,436	328	15,512	229,273	138,181	5,318
107	01 EDUCATION ACUTE	114,532	2,828	381	9,493	127,234	76,683	6,174
108	CROSS FOOT ADJUSTMENT							
109	NEGATIVE COST CENTER							
110	TOTAL	11,648,134	864,215	116,379	563,285	11,648,134	4,380,268	1,281,309

### COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:  
I 14-4999  
I

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I PERIOD:
I FROM 5
I TO 4

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I PREPARED 8/23/2010  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SUBTOTAL
		9	10	11	12	14	17	25
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	68,105						
010	HOUSEKEEPING		430,773					
011	DIETARY		22,997	881,767				
012	CAFETERIA			111,292	111,292			
014	NURSING ADMINISTRATION		3,285		5,715	647,286		
017	MEDICAL RECORDS & LIBRARY		4,725		2,843		203,614	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	68,105	378,668	770,475	90,437	647,286	187,590	9,954,410
031	SUBPROVIDER							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
041	RADIOLOGY-DIAGNOSTIC							
044	LABORATORY						804	109,301
051	OCCUPATIONAL THERAPY							
051	01 OCCUPATIONAL THERAPY							
051	02 SOCIAL WORK SERVICES							
053	ELECTROCARDIOLOGY							
056	DRUGS CHARGED TO PATIENTS		2,738		2,957		11,229	614,889
	OUTPAT SERVICE COST CNTRS							
060	CLINIC		14,459		3,227		3,991	376,657
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	68,105	426,872	881,767	105,179	647,286	203,614	11,055,257
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	COMMUNITY RELATIONS		1,805		3,739			378,316
100	01 EDUCATION ACUTE		2,096		2,374			214,561
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	68,105	430,773	881,767	111,292	647,286	203,614	11,648,134

	COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
003	GENERAL SERVICE COST CNTR		
004	NEW CAP REL COSTS-BLDG &		
005	NEW CAP REL COSTS-MVBLE E		
006	EMPLOYEE BENEFITS		
008	ADMINISTRATIVE & GENERAL		
009	OPERATION OF PLANT		
010	LAUNDRY & LINEN SERVICE		
011	HOUSEKEEPING		
012	DIETARY		
014	CAFETERIA		
017	NURSING ADMINISTRATION		
	MEDICAL RECORDS & LIBRARY		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		9,954,410
031	SUBPROVIDER		
036	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
041	RADIOLOGY-DIAGNOSTIC		
044	LABORATORY		109,301
051	OCCUPATIONAL THERAPY		
051 01	OCCUPATIONAL THERAPY		
051 02	SOCIAL WORK SERVICES		
053	ELECTROCARDIOLOGY		
056	DRUGS CHARGED TO PATIENTS		614,889
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		376,657
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		11,055,257
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		
097	RESEARCH		
098	PHYSICIANS' PRIVATE OFFIC		
099	NONPAID WORKERS		
100	COMMUNITY RELATIONS		378,316
100 01	EDUCATION ACUTE		214,561
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	TOTAL		11,648,134

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
		0	3	4	4a	5	6	8
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		3,485	469	3,954	3,954		
006	ADMINISTRATIVE & GENERAL	23,344	82,865	11,159	117,368	1,166	118,534	
008	OPERATION OF PLANT		190,920	25,710	216,630	84	13,039	229,753
009	LAUNDRY & LINEN SERVICE						693	
010	HOUSEKEEPING		5,565	749	6,314		4,260	2,178
011	DIETARY		31,037	4,180	35,217	110	8,049	12,149
012	CAFETERIA							
014	NURSING ADMINISTRATION		4,434	597	5,031	215	6,397	1,736
017	MEDICAL RECORDS & LIBRARY		6,377	859	7,236	42	1,853	2,496
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		511,059	68,821	579,880	1,972	68,143	200,049
031	SUBPROVIDER							
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
041	RADIOLOGY-DIAGNOSTIC							
044	LABORATORY						1,104	
051	OCCUPATIONAL THERAPY							
051	01 OCCUPATIONAL THERAPY							
051	02 SOCIAL WORK SERVICES							
053	ELECTROCARDIOLOGY							
056	DRUGS CHARGED TO PATIENTS		3,695	498	4,193	93	6,003	1,446
	OUTPAT SERVICE COST CNTRS							
060	CLINIC		19,514	2,628	22,142	96	3,179	7,639
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	23,344	858,951	115,670	997,965	3,778	112,720	227,693
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	COMMUNITY RELATIONS		2,436	328	2,764	109	3,739	953
100	01 EDUCATION ACUTE		2,828	381	3,209	67	2,075	1,107
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	23,344	864,215	116,379	1,003,938	3,954	118,534	229,753

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL
		9	10	11	12	14	17	25
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE	693						
011	HOUSEKEEPING		12,752					
012	DIETARY		681	56,206				
014	CAFETERIA			7,094	7,094			
017	NURSING ADMINISTRATION		97		364	13,840		
025	MEDICAL RECORDS & LIBRARY		140		181		11,948	
031	INPAT ROUTINE SRVC CNTRS							
036	ADULTS & PEDIATRICS	693	11,210	49,112	5,766	13,840	11,009	941,674
041	SUBPROVIDER							
044	OTHER LONG TERM CARE							
051	ANCILLARY SRVC COST CNTRS							
051 01	RADIOLOGY-DIAGNOSTIC							
051 02	LABORATORY						47	1,151
053	OCCUPATIONAL THERAPY							
056	DRUGS CHARGED TO PATIENTS		81		188		658	12,662
060	OUTPAT SERVICE COST CNTRS		428		206		234	33,924
095	SPEC PURPOSE COST CENTERS							
096	SUBTOTALS	693	12,637	56,206	6,705	13,840	11,948	989,411
097	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP							
099	RESEARCH							
100	PHYSICIANS' PRIVATE OFFIC							
100 01	NONPAID WORKERS		53		238			7,856
101	COMMUNITY RELATIONS		62		151			6,671
102	EDUCATION ACUTE							
103	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
103	TOTAL	693	12,752	56,206	7,094	13,840	11,948	1,003,938

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL
	GENERAL SERVICE COST CNTR		27
003	NEW CAP REL COSTS-BLDG &		
004	NEW CAP REL COSTS-MVBLE E		
005	EMPLOYEE BENEFITS		
006	ADMINISTRATIVE & GENERAL		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVICE		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATION		
017	MEDICAL RECORDS & LIBRARY		
	INPAT ROUTINE SRVC CNTRS		
025	ADULTS & PEDIATRICS		941,674
031	SUBPROVIDER		
036	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
041	RADIOLOGY-DIAGNOSTIC		
044	LABORATORY		1,151
051	OCCUPATIONAL THERAPY		
051 01	OCCUPATIONAL THERAPY		
051 02	SOCIAL WORK SERVICES		
053	ELECTROCARDIOLOGY		
056	DRUGS CHARGED TO PATIENTS		12,662
	OUTPAT SERVICE COST CNTRS		
060	CLINIC		33,924
	SPEC PURPOSE COST CENTERS		
095	SUBTOTALS		989,411
	NONREIMBURS COST CENTERS		
096	GIFT, FLOWER, COFFEE SHOP		
097	RESEARCH		
098	PHYSICIANS' PRIVATE OFFIC		
099	NONPAID WORKERS		
100	COMMUNITY RELATIONS		7,856
100 01	EDUCATION ACUTE		6,671
101	CROSS FOOT ADJUSTMENTS		
102	NEGATIVE COST CENTER		
103	TOTAL		1,003,938

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	(SQUARE FEET	(SQUARE ) FEET	( GROSS ) SALARIES		( ACCUM. COST	(SQUARE ) FEET
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	94,728					
005 NEW CAP REL COSTS-MVB		94,728				
006 EMPLOYEE BENEFITS	382	382	5,905,904			
008 ADMINISTRATIVE & GENE	9,083	9,083	1,743,584	-4,380,268	7,267,866	
009 OPERATION OF PLANT	20,927	20,927	125,431		799,474	64,336
010 LAUNDRY & LINEN SERVI					42,494	
011 HOUSEKEEPING	610	610			261,201	610
012 DIETARY	3,402	3,402	164,577		493,555	3,402
014 CAFETERIA						
017 NURSING ADMINISTRATIO	486	486	320,728		392,220	486
031 MEDICAL RECORDS & LIB	699	699	62,520		113,637	699
036 INPAT ROUTINE SRVC CN						
041 ADULTS & PEDIATRICS	56,018	56,018	2,943,996		4,178,103	56,018
044 SUBPROVIDER						
051 OTHER LONG TERM CARE						
051 01 ANCILLARY SRVC COST C						
051 02 RADIOLOGY-DIAGNOSTIC						
053 LABORATORY					67,697	
056 OCCUPATIONAL THERAPY						
060 01 OCCUPATIONAL THERAPY						
060 02 SOCIAL WORK SERVICES						
095 ELECTROCARDIOLOGY						
096 DRUGS CHARGED TO PATI	405	405	139,305		368,068	405
097 OUTPAT SERVICE COST C						
098 CLINIC	2,139	2,139	143,587		194,910	2,139
099 SPEC PURPOSE COST CEN						
100 SUBTOTALS	94,151	94,151	5,643,728	-4,380,268	6,911,359	63,759
101 NONREIMBURS COST CENT						
102 GIFT, FLOWER, COFFEE						
103 RESEARCH						
104 PHYSICIANS' PRIVATE O						
105 NONPAID WORKERS						
106 COMMUNITY RELATIONS	267	267	162,642		229,273	267
107 01 EDUCATION ACUTE	310	310	99,534		127,234	310
108 CROSS FOOT ADJUSTMENT						
109 NEGATIVE COST CENTER						
110 COST TO BE ALLOCATED	864,215	116,379	563,285		4,380,268	1,281,309
111 (WRKSHT B, PART I)						
112 UNIT COST MULTIPLIER	9.123121		.095377		.602690	
113 (WRKSHT B, PT I)		1.228560				19.915895
114 COST TO BE ALLOCATED						
115 (WRKSHT B, PART II)						
116 UNIT COST MULTIPLIER						
117 (WRKSHT B, PT II)						
118 COST TO BE ALLOCATED			3,954		118,534	229,753
119 (WRKSHT B, PART III)						
120 UNIT COST MULTIPLIER			.000669		.016309	
121 (WRKSHT B, PT III)						3.571142



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		LAUNDRY & LIN HOUSEKEEPING EN SERVICE	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY
		(PATIENT DAYS (SQUARE ) FEET	(MEALS )ERVED	S(FTE'S )	(DIRECT )SING HRS	NR( GROSS ) CHARGES )
		9	10	11	12	14 17
003	GENERAL SERVICE COST					
004	NEW CAP REL COSTS-BLD					
005	NEW CAP REL COSTS-MVB					
006	EMPLOYEE BENEFITS					
008	ADMINISTRATIVE & GENE					
009	OPERATION OF PLANT					
010	LAUNDRY & LINEN SERVI	14,902				
011	HOUSEKEEPING		63,726			
012	DIETARY		3,402	51,230		
014	CAFETERIA			6,466	7,828	
017	NURSING ADMINISTRATIO		486	402	132,316	
	MEDICAL RECORDS & LIB		699	200		20,981,147
025	INPAT ROUTINE SRVC CN					
031	ADULTS & PEDIATRICS	14,902	56,018	44,764	6,361	132,316 19,330,126
036	SUBPROVIDER					
	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST C					
041	RADIOLOGY-DIAGNOSTIC					
044	LABORATORY					82,817
051	OCCUPATIONAL THERAPY					
051 01	OCCUPATIONAL THERAPY					
051 02	SOCIAL WORK SERVICES					
053	ELECTROCARDIOLOGY					
056	DRUGS CHARGED TO PATI		405	208		1,156,986
060	OUTPAT SERVICE COST C					
	CLINIC		2,139	227		411,218
095	SPEC PURPOSE COST CEN					
	SUBTOTALS	14,902	63,149	51,230	7,398	132,316 20,981,147
096	NONREIMBURS COST CENT					
097	GIFT, FLOWER, COFFEE					
098	RESEARCH					
099	PHYSICIANS' PRIVATE O					
100	NONPAID WORKERS					
100 01	COMMUNITY RELATIONS		267	263		
101	EDUCATION ACUTE		310	167		
102	CROSS FOOT ADJUSTMENT					
103	NEGATIVE COST CENTER					
	COST TO BE ALLOCATED	68,105	430,773	881,767	111,292	647,286 203,614
104	(PER WRKSHT B, PART					
	UNIT COST MULTIPLIER		6.759768	14.217169		.009705
105	(WRKSHT B, PT I)	4.570192		17.211927	4.891971	
106	COST TO BE ALLOCATED					
	(PER WRKSHT B, PART					
107	UNIT COST MULTIPLIER					
	(WRKSHT B, PT II)					
108	COST TO BE ALLOCATED	693	12,752	56,206	7,094	13,840 11,948
	(PER WRKSHT B, PART					
	UNIT COST MULTIPLIER		.200107	.906234		.000569
	(WRKSHT B, PT III)	.046504		1.097131	.104598	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
31	ADULTS & PEDIATRICS	9,954,410		9,954,410		9,954,410
36	SUBPROVIDER					
	OTHER LONG TERM CARE					
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
51	LABORATORY	109,301		109,301		109,301
51	OCCUPATIONAL THERAPY					
51	01 OCCUPATIONAL THERAPY					
51	02 SOCIAL WORK SERVICES					
53	ELECTROCARDIOLOGY					
56	DRUGS CHARGED TO PATIENTS	614,889		614,889		614,889
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	376,657		376,657		376,657
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	11,055,257		11,055,257		11,055,257
102	LESS OBSERVATION BEDS					
103	TOTAL	11,055,257		11,055,257		11,055,257

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
31	ADULTS & PEDIATRICS	19,330,126		19,330,126			
36	SUBPROVIDER						
	OTHER LONG TERM CARE						
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	82,817		82,817	1.319789	1.319789	1.319789
51	OCCUPATIONAL THERAPY						
51	01 OCCUPATIONAL THERAPY						
53	02 SOCIAL WORK SERVICES						
56	ELECTROCARDIOLOGY						
	DRUGS CHARGED TO PATIENTS	1,156,986		1,156,986	.531458	.531458	.531458
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		411,218	411,218	.915955	.915955	.915955
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	20,569,929	411,218	20,981,147			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,569,929	411,218	20,981,147			



WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
31	ADULTS & PEDIATRICS	19,330,126		19,330,126			
36	SUBPROVIDER						
41	OTHER LONG TERM CARE						
44	ANCILLARY SRVC COST CNTRS						
51	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	82,817		82,817	1.319789	1.319789	1.319789
51	OCCUPATIONAL THERAPY						
51	01 OCCUPATIONAL THERAPY						
53	02 SOCIAL WORK SERVICES						
56	ELECTROCARDIOLOGY						
	DRUGS CHARGED TO PATIENTS	1,156,986		1,156,986	.531458	.531458	.531458
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		411,218	411,218	.915955	.915955	.915955
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	20,569,929	411,218	20,981,147			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,569,929	411,218	20,981,147			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	109,301	1,151	108,150			109,301
51	01 OCCUPATIONAL THERAPY						
51	02 SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS	614,889	12,662	602,227			614,889
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	376,657	33,924	342,733			376,657
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	1,100,847	47,737	1,053,110			1,100,847
102	LESS OBSERVATION BEDS						
103	TOTAL	1,100,847	47,737	1,053,110			1,100,847

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
51	LABORATORY	82,817	1.319789	1.319789
51 01	OCCUPATIONAL THERAPY			
51 02	SOCIAL WORK SERVICES			
53	ELECTROCARDIOLOGY			
56	DRUGS CHARGED TO PATIENTS	1,156,986	.531458	.531458
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	411,218	.915955	.915955
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	1,651,021		
102	LESS OBSERVATION BEDS			
103	TOTAL	1,651,021		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY	109,301	1,151	108,150	115	6,273	102,913
51	OCCUPATIONAL THERAPY						
51	01 OCCUPATIONAL THERAPY						
51	02 SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS	614,889	12,662	602,227	1,266	34,929	578,694
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	376,657	33,924	342,733	3,392	19,879	353,386
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	1,100,847	47,737	1,053,110	4,773	61,081	1,034,993
102	LESS OBSERVATION BEDS						
103	TOTAL	1,100,847	47,737	1,053,110	4,773	61,081	1,034,993



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
51	LABORATORY	82,817	1.242655	1.318401
51	OCCUPATIONAL THERAPY			
51 01	OCCUPATIONAL THERAPY			
51 02	SOCIAL WORK SERVICES			
53	ELECTROCARDIOLOGY			
56	DRUGS CHARGED TO PATIENTS	1,156,986	.500174	.530363
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	411,218	.859364	.907706
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	1,651,021		
102	LESS OBSERVATION BEDS			
103	TOTAL	1,651,021		

101



TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY		1,151	82,817	49,455		
51	01 OCCUPATIONAL THERAPY						
51	02 SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS		12,662	1,156,986	926,416		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		33,924	411,218			
101	OTHER REIMBURS COST CNTRS						
101	TOTAL		47,737	1,651,021	975,871		

TITLE XIX      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
41	ANCILLARY SRVC COST CNTRS		
44	RADIOLOGY-DIAGNOSTIC		
51	LABORATORY	.013898	687
51	OCCUPATIONAL THERAPY		
51 01	OCCUPATIONAL THERAPY		
51 02	SOCIAL WORK SERVICES		
53	ELECTROCARDIOLOGY		
56	DRUGS CHARGED TO PATIENTS	.010944	10,139
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.082496	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		10,826

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS					14,902	
31	ADULTS & PEDIATRICS						
	SUBPROVIDER					14,902	
101	TOTAL						

Health Financial Systems	MCRIF32	FOR LINCOLN PRAIRIE BEHAVIORAL HC	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE		I PROVIDER NO:	I PERIOD:
SERVICE OTHER PASS THROUGH COSTS		I 14-4999	I FROM 5/ 1/2009
TITLE XIX		I	I TO 4/30/2010
			I PREPARED 8/23/2010
			I WORKSHEET D
			I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	11,424	
31	SUBPROVIDER		
101	TOTAL	11,424	

TITLE XIX		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
51	LABORATORY						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY						
51 02	SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						



TITLE XIX		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3	3.01	4	5	5.01	6	7	
41	ANCILLARY SRVC COST CNTRS								
44	RADIOLOGY-DIAGNOSTIC			82,817			49,455		
51	LABORATORY								
51	01 OCCUPATIONAL THERAPY								
51	02 SOCIAL WORK SERVICES								
53	ELECTROCARDIOLOGY								
56	DRUGS CHARGED TO PATIENTS			1,156,986			926,416		
60	OUTPAT SERVICE COST CNTRS			411,218					
101	CLINIC								
	OTHER REIMBURS COST CNTRS								
	TOTAL			1,651,021			975,871		

TITLE XIX

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL THERAPY						
51 02	SOCIAL WORK SERVICES						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,902
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,902
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,902
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
8	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
10	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	11,424
12	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
13	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
14	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
15	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
16	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
17	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
18	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
19	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
20	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
21	YEAR, ENTER 0 ON THIS LINE)	
22	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
23	(EXCLUDING SWING-BED DAYS)	
24	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
25	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
20	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
22	DECEMBER 31 OF THE COST REPORTING PERIOD	
23	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
24	DECEMBER 31 OF THE COST REPORTING PERIOD	
25	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	9,954,410
26	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
27	REPORTING PERIOD	
28	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
29	REPORTING PERIOD	
30	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
31	REPORTING PERIOD	
32	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
33	REPORTING PERIOD	
34	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
35	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9,954,410

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,330,126
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,330,126
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.514969
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,297.15
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	9,954,410
	COST DIFFERENTIAL	

TITLE XIX - I/P

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	667.99
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7,631,118
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7,631,118

	TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
	I/P COST	I/P DAYS	PER DIEM	DAYS	COST
	1	2	3	4	5

42	NURSERY (TITLE V & XIX ONLY)	
	INTENSIVE CARE TYPE INPATIENT	
	HOSPITAL UNITS	
43	INTENSIVE CARE UNIT	
44	CORONARY CARE UNIT	
45	BURN INTENSIVE CARE UNIT	
46	SURGICAL INTENSIVE CARE UNIT	
47	OTHER SPECIAL CARE	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	557,621
49	TOTAL PROGRAM INPATIENT COSTS	8,188,739

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	721,883
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	10,826
52	TOTAL PROGRAM EXCLUDABLE COST	732,709
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	7,456,030

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
 SERVICE COST  
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 68 PROGRAM ROUTINE SERVICE COST  
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
 72 PER DIEM CAPITAL-RELATED COSTS  
 73 PROGRAM CAPITAL-RELATED COSTS  
 74 INPATIENT ROUTINE SERVICE COST  
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
 78 INPATIENT ROUTINE SERVICE COST LIMITATION  
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
 80 PROGRAM INPATIENT ANCILLARY SERVICES  
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 667.99  
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		9,954,410			
87 NEW CAPITAL-RELATED COST	941,674	9,954,410	.094599		
88 NON PHYSICIAN ANESTHETIST		9,954,410			
89 MEDICAL EDUCATION		9,954,410			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION		RATIO COST	INPATIENT	INPATIENT
LINE NO.			TO CHARGES	CHARGES	COST
			1	2	3
25	INPAT ROUTINE SRVC CNTRS				
31	ADULTS & PEDIATRICS			14,280,000	
	SUBPROVIDER				
41	ANCILLARY SRVC COST CNTRS				
44	RADIOLOGY-DIAGNOSTIC				
51	LABORATORY		1.319789	49,455	65,270
51	OCCUPATIONAL THERAPY				
51 01	OCCUPATIONAL THERAPY				
51 02	SOCIAL WORK SERVICES				
53	ELECTROCARDIOLOGY				
56	DRUGS CHARGED TO PATIENTS		.531458	926,416	492,351
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		.915955		
	OTHER REIMBURS COST CNTRS				
101	TOTAL			975,871	557,621
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES			975,871	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		529,947	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS		-529,947	
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		14,280,000	
11	ANCILLARY SERVICE CHARGES		975,871	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		15,255,871	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		15,255,871	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		15,785,818	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES		-529,947	
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS		9,593,579	
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL		9,063,632	
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		15,255,871	
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		9,063,632	
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
39	EXCESS OF REASONABLE COST			
40	SUBTOTAL		9,063,632	
41	COINSURANCE			
42	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
43	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
44	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
45	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
46	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
47	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
48	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
49	UTILIZATION REVIEW			
50	SUBTOTAL (SEE INSTRUCTIONS)		9,063,632	
51	INPATIENT ROUTINE SERVICE COST			
52	MEDICARE INPATIENT ROUTINE CHARGES			
53	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
54	PAYMENT FOR SERVICES ON A CHARGE BASIS			
55	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
56	FOR PAYMENT OF PART A SERVICES			
57	RATIO OF LINE 43 TO 44			
58	TOTAL CUSTOMARY CHARGES			
59	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
60	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
61	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
62	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
63	OTHER ADJUSTMENTS (SPECIFY)			
64	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
65	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
66	SUBTOTAL		9,063,632	
67	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
68	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
69	TOTAL AMOUNT PAYABLE TO THE PROVIDER		9,063,632	
70	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
71	INTERIM PAYMENTS		9,063,632	
72	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
73	BALANCE DUE PROVIDER/PROGRAM			
74	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX	HOSPITAL	PPS	TITLE XVIII
		TITLE V OR	SNF PPS
		TITLE XIX	
		1	2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.



## BALANCE SHEET

I  
I  
IPROVIDER NO:  
14-4999

I PERIOD:

I FROM 5/ 1/2009  
I TO 4/30/2010

I PREPARED 8/23/2010

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	1,820,020			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	150,302			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	1,970,322			
FIXED ASSETS				
12 LAND	3,748,302			
12.01				
13 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	13,950,521			
14.01 LESS ACCUMULATED DEPRECIATION	-1,223,721			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	1,526,881			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	18,001,983			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	400			
26 TOTAL OTHER ASSETS	400			
27 TOTAL ASSETS	19,972,705			

## BALANCE SHEET

I  
I  
IPROVIDER NO:  
14-4999

I PERIOD:

I FROM 5/ 1/2009  
I TO 4/30/2010

I PREPARED 8/23/2010

I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	238,120			
29 SALARIES, WAGES & FEES PAYABLE	267,102			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	134,201			
36 TOTAL CURRENT LIABILITIES	639,423			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	17,851,643			
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	17,851,643			
43 TOTAL LIABILITIES	18,491,066			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1,481,635			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1,481,635			
52 TOTAL LIABILITIES AND FUND BALANCES	19,972,701			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
	3	4
1 FUND BALANCE AT BEGINNING	-1,800,594	
2 OF PERIOD		
3 NET INCOME (LOSS)	3,282,228	
4 TOTAL	1,481,634	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ROUNDING	-2	
7		
8		
9		
10 TOTAL ADDITIONS	-2	
11 SUBTOTAL	1,481,632	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF	1,481,632	
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
	7	8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ROUNDING		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 00 HOSPITAL	19,330,126		19,330,126
4 00 SUBPROVIDER			
5 00 SWING BED - SNF			
8 00 SWING BED - NF			
9 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	19,330,126		19,330,126
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	19,330,126		19,330,126
17 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,472,149		1,472,149
18 00 ANCILLARY SERVICES		411,218	411,218
24 00 OUTPATIENT SERVICES	1,489,833		1,489,833
25 00 PHYSICIAN REVENUE	22,292,108	411,218	22,703,326
25 00 TOTAL PATIENT REVENUES			

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	13,065,525
ADD (SPECIFY)	
27 00 BAD DEBT	-2,213
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	-2,213
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	13,063,312

STATEMENT OF REVENUES AND EXPENSES

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	22,703,326	
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	6,404,424	
3	NET PATIENT REVENUES	16,298,902	
4	LESS: TOTAL OPERATING EXPENSES	13,063,312	
5	NET INCOME FROM SERVICE TO PATIENTS	3,235,590	
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		
7	INCOME FROM INVESTMENTS		
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		
9	REVENUE FROM TELEVISION AND RADIO SERVICE		
10	PURCHASE DISCOUNTS		
11	REBATES AND REFUNDS OF EXPENSES		
12	PARKING LOT RECEIPTS		
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	24,615	
15	REVENUE FROM RENTAL OF LIVING QUARTERS		
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS		
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS		
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	3,733	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)		
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN		
21	RENTAL OF VENDING MACHINES	3,294	
22	RENTAL OF HOSPITAL SPACE		
23	GOVERNMENTAL APPROPRIATIONS		
24	OTHER (SPECIFY)	14,996	
25	TOTAL OTHER INCOME	46,638	
26	TOTAL	3,282,228	
	OTHER EXPENSES		
27	OTHER EXPENSES (SPECIFY)		
28			
29			
30	TOTAL OTHER EXPENSES		
31	NET INCOME (OR LOSS) FOR THE PERIOD	3,282,228	

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
	(SEE INSTRUCTIONS)	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	